



NEVADA DEFERRED COMPENSATION  
EZ ENROLLMENT  
PARTICIPATION AGREEMENT



PARTICIPANT INFORMATION

Name _____ (Last) (First) (MI)			Social Security # _____		
Address _____ (Number, Street, Apt #)			Date of Birth: _____		
_____ (City) (State) (ZIP)			Employee ID# _____		
Phone (_____) _____ Home Phone No. Work Phone No.			Date Employed/Rehired: _____		
Agency _____ Email _____			Rehired? Check if yes <input type="checkbox"/>		
			Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		

DEFERRAL ELECTION

Deferral Amount \$\_\_\_\_\_ per pay period **pre-tax (regular)** And/ Or \$\_\_\_\_\_ per pay period **post tax (Roth)**

**Effective Date:** This agreement will be effective the first full payroll period of the month following the date this form is received and processed by the payroll department. *Minimum \$12.50 per pay period*

BENEFICIARY DESIGNATION

I designate the following beneficiary(ies) in accordance with the 457(b) Deferred Compensation Plan. Percentages must total 100%.

Complete Legal Name (please print)	Relationship	Primary %	Contingent %

Total must = 100%. Total must = 100%.

EMPLOYEE AGREEMENT TO PARTICIPATE IN NEVADA PUBLIC EMPLOYEES' DEFERRED COMPENSATION PROGRAM

The State of Nevada (the 'employer') has established an Internal Revenue Code Section 457(b) Deferred Compensation Plan (the 'Plan') for the benefit of its employees. The Plan provides that eligible employees may elect to join and become participants in the Plan (subject to the limitations established in the Plan) upon executing and filing a Participation Agreement with the employer.

The employer and employee agree the following:

1. Employee has received a packet of information outlining the terms of the Plan.
2. Employee elects to participate in the Plan and agrees to defer compensation to the Plan in accordance with the Plan and Internal Revenue Code (Code). The maximum amount that may be deferred under the Plan for the current year is generally the lesser of 100% of compensation or the applicable IRS annual dollar limit. Minimum deferral is \$12.50 per pay period.
3. Employee agrees that all rights to the deferred compensation plan shall be governed by the terms and conditions of the Plan and Code.
4. Employee agrees that the elections indicated above will remain in effect until later changed or revoked by the employee or contributions during any year reach the maximum dollar amount allowed under the Plan and Code.
5. Employee understands and elects to utilize the State of Nevada EZ Enrollment / Participation process and will have contributions to the Nevada Public Employees' Deferred Compensation Program invested in the default fund identified below, which has been designated by the employer. **The employee further understands that investment allocations may be changed at any time. TO TRANSFER/CHANGE INVESTMENTS CALL: 800.584.6001 or VISIT [www.vovaretirementplans.com/custom/nevada](http://www.vovaretirementplans.com/custom/nevada).**

Your Date of Birth	Fund #	Fund Name
On or Prior to 12/31/1949	795 (35)	Vanguard Target Retirement Income
Between 1/1/1950 and 12/31/1959	791 (36)	Vanguard Target Retirement 2015
Between 1/1/1960 and 12/31/1969	926 (38)	Vanguard Target Retirement 2025
Between 1/1/1970 and 12/31/1979	793 (39)	Vanguard Target Retirement 2035
On or After 1/1/1980	794 (3A)	Vanguard Target Retirement 2045

I certify that the information on this form is true, complete, and accurate.

RETURN FORM TO:

NDC OFFICE  
100 N. Stewart St., Suite 210  
Carson City, NV 89701  
PHONE: 775.684.3397  
FAX: 775.684.3399  
EMAIL: [deferredcomp@defcomp.nv.gov](mailto:deferredcomp@defcomp.nv.gov)  
WEBSITE: <http://defcomp.nv.gov/>

Participant's Signature \_\_\_\_\_

Date \_\_\_\_\_

NDC Personnel Only

Staff Name \_\_\_\_\_

Date \_\_\_\_\_